

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SPECIAL OPERATIONS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00523241
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee GOOGLE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016
Mailing Address 1600 AMPHITHEATRE PKWY		Amount 464.67
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Transaction ID : SE.131376 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016
Name of Federal Candidate MAST, BRIAN, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 869.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee GOOGLE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016
Mailing Address 1600 AMPHITHEATRE PKWY		Amount 283.88
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Transaction ID : SE.131377 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016
Name of Federal Candidate DESANTIS, RONALD D., , ,		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 817.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	748.55
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HIETALA, KAARLO, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2016

Signature

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NAME OF COMMITTEE (In Full) SPECIAL OPERATIONS FOR AMERICA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00523241 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GOOGLE		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 22 / 2016 </div>	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <div style="border: 1px solid black; padding: 2px;"> 138.88 </div>	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : SE.131378 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 10 / 25 / 2016 </div>
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	
Name of Federal Candidate HURD, WILLIAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 335.23 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee GOOGLE		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 22 / 2016 </div>	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <div style="border: 1px solid black; padding: 2px;"> 36.46 </div>	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : SE.131379 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 10 / 25 / 2016 </div>
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	
Name of Federal Candidate HIDALGO, JUAN M JR, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 51 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 198.24 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 175.34 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 175.34 </div>

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HIETALA, KAARLO, ,

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee GOOGLE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016
Mailing Address 1600 AMPHITHEATRE PKWY		Amount 86.87
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Transaction ID : SE.131380 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016
Name of Federal Candidate CHABOT, PAUL R DR., , ,		Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 164.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee GOOGLE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016
Mailing Address 1600 AMPHITHEATRE PKWY		Amount 296.34
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Transaction ID : SE.131381 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016
Name of Federal Candidate KIRK, MARK STEVEN, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 437.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	383.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee GOOGLE		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount 23.49	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : SE.131382 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	
Name of Federal Candidate MCSALLY, MARTHA E. MS., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23.49
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1330.59

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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